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Bib Data Sheet

CONFIRMATION NO. 3905

SERIAL NUMBER 09/727,846	FILING DATE 12/01/2000 RULE	CLASS 708	GROUP ART UNIT 2122	ATTORNEY DOCKET NO. JA999-703	
APPLICANTS Rajendra Kumar Bera, Bangalore, INDIA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** JAPAN 11-342659 12/01/1999 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/10/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY INDIA	SHEETS DRAWING 1	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
ADDRESS T. RAO COCA INTERNATIONAL BUSINESS MACHINES CORPORATION ALMADEN RESEARCH CENTER 650 HARRY ROAD SAN JOSE ,CA 95120					
TITLE Method of determining the syntactic correctness of expressions					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 3905

SERIAL NUMBER 09/727,846	FILING DATE 12/01/2000 RULE	CLASS 708 717	GROUP ART UNIT 2124 2124	ATTORNEY DOCKET NO. JA999-703
APPLICANTS Rajendra Kumar Bera, Bangalore, INDIA;				
** CONTINUING DATA ***** None Verified QN				
** FOREIGN APPLICATIONS ***** JAPAN 11-342659 12/01/1999 Verified QN				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/10/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <u>Lamin</u> Examiner's Signature Initials		STATE OR COUNTRY INDIA	SHEETS DRAWING 1	TOTAL CLAIMS 16
INDEPENDENT CLAIMS 2				
ADDRESS Ronald L. Drumheller, Esq. 94 Teakettle Spout Road Mahopac, NY 10541				
TITLE Method of determining the syntactic correctness of expressions				
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	